

STATE COLLECTIONS													
LEGEND													
CSPR - Consolidated State Performance Report													
AYP- Adequate Yearly Progress													
EDEN - Educational Data Exchange Network													
SRPD - Student Release Program Division													
R&R - Revise & Review													
Purpose													
		PL 221	NCLB REPORT CARD	FED REQMT	EDEN	STATE ANNUAL PERF RPT	CSPR	AYP	GRAD COHORT	FUNDING	STATE REQMT	Comments	
ME - DOE Membership (ADM)	School				X					X	X	Basic Grant Funding	
	STN #												
	Corp of Legal Settlement												
	Instructional Days												
	Instructional Minutes												
	Grade Level												
	County of Legal Residence												
PE - DOE Pupil Enrollment	School	X	X	X	X	X	X	X	X		X		
	STN												
	Grade												
	Socio-economic Status												
	Language Minority Status												
	Retained												
SR- DOE Charter School Residence Report	School									X	X	State requirement to verify the residency of all charter students I.C. 20-24-7-2	
	STN												
	Address												
	Corp of Legal Settlement												
	County of Legal Residence												
	Corp Attended in Prior School Year												
	Grade												
AT- DOE Attendance	School	X			X	X	X	X	X			I.C. 20-33-2	
	STN												
	Dates												
	Total Days Attended												
	Excused Days												
	Grade												
LM - DOE Language and Minority	School	X	X		X		X	X		X			
	STN												
	Grade												
	Language Minority Status												
	English Lang Proficiency												
	Instrument of Measure												
	Inmigrant												
	Country of Origin												
	Length of US Enrollment												
	Foreign Exchange												
	Native Language												
	Instructional Program												
	Special Ed Participant												
	GT Participant												
	ESEA Title 1 Program												
	Time in Program for LEP												

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GR- DOE Graduate		X	X	X	X	X	X	X	X		X	
	School											
	STN											
	Post Grad Information											
	Diploma Type											
DM - DOE Dropout/Mobility					X	X	X	X	X	X		
	School											
	STN											
	Grade											
	Droupout Reasons											
	Mobility Reasons											
	Dropout Date											
	Last Known Address											
ISTEP - Providing Barcode Labels Only		X	X			X	X	X				
	School											
	STN											
	Teacher Name											
	Accommodations											
	Grade											
	Special Ed Exceptionalities											
	Section 504 Plan											
	Local Student ID											
	Socio-economic Status											
	Language Minority Status											
												Gather Sutdent Information on All First Year LEP Students Enrolled in the School Corporations Implementing the ISTEP+Flexibility for First Year LEP Students
LEP/ISTEP - DOE LEP1			X		X	X	X	X				
	School Number											
	STN#											
	Date US Enrollment											
												Provide Labels for Assessment
ECA - DOE ECABAR		X	09-10			X	X	09-10				

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LASBAR - DOE LAS Links Barcode Labels		X	X			X	X	X				The purpose of this data collection is to gather student information used to create bar code labels that are affixed to the LAS Links test booklets during the spring 2007-2008 testing cycle. The bar code labels will help reduce the test administration and will also ensure more accurate student information
	School Number											
	Student Test Number (STN)											
	Teacher Name											
	Future Assignment											
	Future Assignment											
	Spanish Language											
	Future Assignment											
	English/Language Arts Accommodations											
	Mathematics Accommodations											
	Science Accommodations											
	Grade Level											
	Special Education Participant											
	Primary Exceptionality											
	Section 504 Plan											
	Corporation Assigned Student Id											
	Socio-economic Status (SES)											
	First Year Test Taker											
CE - DOE Certified Employee			X			X	X				X	
	Corp											
	SSN											
	Name											
	Birth Date											
	Ethnicity											
	Gender											
	Degree											
	Total Years Experience											
	First Year Teacher											
	Contract Days											
	Contract Salary											
	Supplemental Salary											
	Prior Year Employment											
	Total Percent to Time Employed											
	Highly Qualified											
	Special Populations Employee											
CP- DOE Certified Position			X		X	X	X				X	
	School											
	SSN											
	Subject											
	Level											
	Periods Per Week											
	Number of Pupils											
	Special Ed Classroom Settings											

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T1- DOE Title I			X		X		X	X				
	School											
	STN											
	ESEA Title 1 Program											
	Reading Instruction											
	Math Instruction											
	Science Instruction											
	Vocational Instruction											
	Social Studies Instruction											
	Guidance Support											
	Health Support											
	Home Visitation Support											
	Extend Time Opportunities											
	Grade											
	School Choice											
	Migrant Student											
	Language Minority											
	Special Ed Participant											
SE - DOE Special Eduation			X	X	X		X	X		X	X	Federal Reporting/Funding
	School											State Reporting/Funding
	Corp of Legal Settlement											
	STN											
	Grade											
	Exceptionality (Prim&Sec)											
	Placement Type											
	Socio-economic Status											
	Facility											
	Service Site											
CL - DOE Calendar											X	Accreditation requirement
	Holidays											
	Instructional Time											
CID - DOE Certified Instructional Days											X	Accreditation requirement
	Contract Days											
	Student Instruction Day by Grade Level											
	Days Dismissed/Delayed											
	Dates for Professional Development											
	Instuction Minutes Lost											
	Days Canceled											
NE - DOE Non certified Personnel					X	X					X	State Reporting/Funding Identifies aides, clerks, business managers, etc
	Corp											
	Personnel Code											
	Male/Female FTE											
	Male/Female Actual											
TN3 - DOE											X	Statewide Tornado/Severe Weather Drill Communication Alert Test Report - Accreditation standard
VOC 30A - DOE Vocational Education					X					X		State Reporting & Funding
	CIP Codes											
	Credit Hours											
	Total Student Count											

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AD - DOE Additional Student Information			X		X		X				X	
	School											
	STN											
	Grade											
	High Ability GT											
	Homeless											
	Shortened Day and Reason(s)											
AL - DOE Alternative Education											*	State Reporting
	Corp											
	Program #											
	STN											
	Grade											
	Reason for Eligibility											
	Outcomes											
	Date Entered Program											
DC/DV - Direct Certification				X						X		Tool for expediting application for eligibility for free/reduced meals - USDA program
	County of Residence											
	Corp											
	School											
	Student name											
	Birth Date											
	SSN											
	Address											
	Local Student ID											
	Guardian Name											
	Grade											
	STN											
PT - DOE Prime Time Part I & Part II											X	
	Corp											
	Grade Level											
	ADM											
	Teachers											
	Aides											
	Rooms with Aides											
	Split Section											
	Classroom Sequence Number											
FDK - DOE Full Day Kindergarten										X		State Reporting Full Day KG Grant
	School											
	STN											
	Funding Type											

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HB - DOE Homebound				X							X	
	School											
	STN											
	Grade											
	Homebound Start and End Dates											
TB - DOE Textbook Reimbursement										X		State Support for Textbook Reimbursement
	STN											
	Student Name											
	Living w/ Parent											
	Grade											
	TANF or Food Stamp #											
	SSN or Parent or Guardian											
	Free/Reduce Meals											
	School											
EX/SU - DOE Suspensions/ Expulsions				X	X	X	X				X	State and Federal Reporting (Safe & Drug Free Schools)
	School											
	STN											
	Grade											
	Date of Incident & # of Suspension											
	Type of Suspension											
	Length of Suspension											
	Reason for Suspension											
	Special Ed Participant											
	Independent Hearing Officer											
	Length of Expulsion											
	Reason for Expulsion											
	alternative School											
	Date of Incident and Incident # of Expulsion											
SB - DOE Schoolboard											*	State Reporting
	Lists School Board Members											
	Update of Prior Year Data via Web Form											
MF - DOE Master File					X						X	Identifies Directory Information on Each School
	Lists Directory Information											
	Update of Prior Year Data via Web Form											
R&R										X	X	Standards for Accreditation & Prof Dev Grant
SRPD - DOE											X	Student Release for Program and Professional Development
FORM 9				X							X	Financial Data by Corp Level also Needed for State and Federal Reporting
N or D - TITLE I				X			X					
HT/WT											X	Voluntary by Corp/School or student level Information collected

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CH - DOE Chronic Disease											X	State Law Requires School Corporations to Report the Number of Students in the School Corporation Who Have a Chronic Disease, by Disease Category - HEA 1116 - Currently a One Time only collection
	ADHD											
	Allergy-Food											
	Allergy-Insects											
	Allergy-Latex											
	Allergy-Medication											
	Anxiety-Disorders											
	Asthma-Severe											
	Asthma-Moderate											
	Asthma-Mild											
	Bipolar Disorders											
	Cancer/Tumor (includes Leukemia, Lmyphoma)											
	Cardiac/Heart Disease											
	Cerebral Palsy											
	Chromosomal Abnormalities (excluding Down's Syndrome) (includes Prader-Willi, fragilix, Marfrans, Klinefelter, Turner and Williams)											
	Conduct Disorder											
	Crohn's Disease											
	Cystic Fibrosis											
	Depression											
	Diabetes, Type I											
	Diabetes, Type II											
	Eating Disorders (includes Anorexia, Bulimia)											
	Epilepsy											
	Hematological-Anemia											
	Hemophilia											
	Sickle Cell											
	Juvenile Rheumatoid Arthritis											
	Osteogenesis Imperfecta											
	Muscular Dystrophy/ALS											
	Multiple Sclerosis											
	Methocilin Resistant Staphylococcus Auras (MRSA)											
	Obsessive Compulsive Disorder											
	Oppositional Defiant											
	Post Traumatic Disorder											
	Seizures (Various)											
	Spina Bifida (includes Myelomeningocele, Neural Tube Defect)											
	Tourettes											
	Other physical condition that requires long-term monitoring and/or management											
	Other mental condition that requires long-term monitoring and/or management											
	Total Number of Unduplicated Students											

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STN Lookup											X	Gather Student Information to Populate the STN Lookup System
	School Number											
	STN #											
	Student Last Name											
	Student First Name											
	Student Middle Name/Initial											
	Student Name Suffix											
	Gender											
	Birth Date											
	Ethnicity											